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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4967

FILED MAR 6 1944

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1825

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5yr.8mo.16ds. (Specify whether
In this community 11 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State missouri (b) County 17 13

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. ~~not known~~ City Sanitarium
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES CARTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race col 2

6. (a) Single, widowed, married, divorced mar. 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 5th (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	1	4	hr. min.

9. Birthplace Jonesboro (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name not known
13. Birthplace not known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Theresa Singler
(b) Address 5400 Arsenal St

17. (a) ~~(Burial,~~ cremation, or removal) (b) Date thereof 2 24 44 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation City Crematory

18. (a) Signature of funeral director W. T. White
(b) Address City Hospital No 1

19. (a) FEB 23 (Date received by local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th, year 1944 hour 1.39 minute a. M.

21. I hereby certify that I attended the deceased from July 1st, 1938 to Feb. 9, 1944 that I last saw him alive on Feb. 9, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paresis	1938x
Malnutrition	6 mos x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Walter L. Moore (M. D. or other) MD
Address 5400 Arsenal St Date signed 2/8/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Walter D. McCausland

Licensed Embalmer No. 4361

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.